

2613/#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SIEGEL

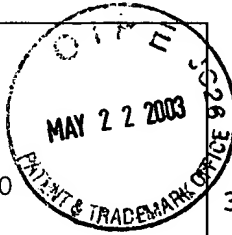
Serial No.: 09/489,440

Filed: January 21, 2000

Art Unit: 2613

Examiner: Nhon T. Diep

Atty. Docket No.: 99-009-US



3-D IMAGING ARRANGEMENTS

RECEIVED

MAY 27 2003

Technology Center 2100

Pittsburgh, Pennsylvania 15230

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

- ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

☒ deposited with the United States Postal Service on May 20, 2003 with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

☐ transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Debbie LeDonne


(Signature of person mailing paper or fee)

Type Signature Name

(Signature of person mailing paper or fee)

3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☐ Also enclosed:
5. ☒ No fee for extra claims is required.
6. ☐ The fee for extra claims has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Extra Present (Col.3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY				
			RATE		FEE		RATE		FEE		
Total Claims	-	** = *	X	\$ 9	=	\$	OR	X	\$ 18	=	\$
Ind. Claims ***	-	= *	X	\$ 40	=	\$	OR	X	\$ 80	=	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+	\$135	=	\$	OR	+	\$270	=	\$
				TOTAL	=	\$	OR		TOTAL	=	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check for \$[Amount] to cover the extra claims fee.
8. ☐ The Director is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. ☒ The Director is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted

Paul D. Bangor, Jr.

Paul D. Bangor, Jr.
Reg. No. 34,768

Dated: May 20, 2003

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